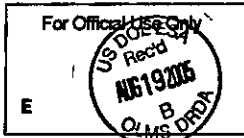


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



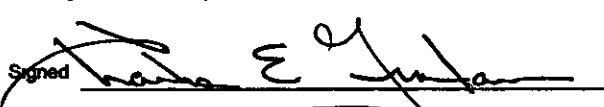
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9999	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Charles E Graham P O Box Bldg Room No if any Street 6220 Kansas Avenue NE City Washington State District of Columbia ZIP Code + 4 20011-1567	4 Name file number and address of labor organization Name IBEW Local 26 Labor Organization File Number 012-627 P O Box Building and Room Number if any Street 6220 Kansas Avenue NE City Washington State District of Columbia ZIP Code + 4 20011-1567
5 Position in labor organization Business Manager	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7.a. Nature of Interest Transaction or Income 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed 	On 8-15-05 Date	202-829-2900 Telephone Number

Name of Person Filing Charles Graham	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Kelly Press Trade Name if any P O Box, Bldg Room No if any Street 1701 Cabin Branch Drive City Cheverly State Maryland ZIP Code + 4 20785-3820	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing Provide printing services 11 b Approximate dollar value of such dealing \$100 000 12 a Nature of interest held or income received Two football tickets 12 b Amount \$174

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment

Name of Person Filing	Charles Graham	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <input type="text" value="Kelly Press"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text" value="1701 Cabin Branch Drive"/> City <input type="text" value="Cheverly"/> State <input type="text" value="Maryland"/> ZIP Code + 4 <input type="text" value="20785-3820"/>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box, Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11.a Nature of such dealing <input type="text" value="Provide printing services"/> 11 b Approximate dollar value of such dealing <input type="text" value="\$100 000"/> 12.a Nature of interest held or income received <input type="text" value="Christmas turkey"/> 12.b Amount. <input type="text" value="\$31"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14.a. Nature of payment. <input type="text"/> 14 b Amount of payment. <input type="text"/>
13.b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing Charles Graham	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name ASB Capital Management Inc Trade Name if any P O Box Bldg Room No if any Street 7501 Wisconsin Avenue Suite 200 City Bethesda State Maryland ZIP Code + 4 20814-6501	9 Business deals with. <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c. Employer
10 If 9 b or 9.c. is checked give trust or employer's name Name IBEW Local 26 Pension Plan Trade Name if any P O Box, Bldg Room No if any Street 4601 Presidents Drive Suite 300 City Lanham State Maryland ZIP Code + 4 20706-4365	11.a Nature of such dealing Investment management services 11 b Approximate dollar value of such dealing \$60 000 000 12.a. Nature of interest held or income received Football tickets 12.b Amount \$82

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13.a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 13.b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.a Nature of payment. 14.b Amount of payment.

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name The Segal Company

Trade Name if any

P O Box Bldg Room No if any

Street 1920 N Street NW

City Washington

State District of Columbia ZIP Code + 4 20036-1659

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b. or 9 c. is checked give trust or employer's name

Name IBEW Local 26 Health & Welfare Plan

Trade Name if any

P O Box Bldg Room No if any

Street 4601 Presidents Drive Suite 300

City Lanham

State Maryland ZIP Code + 4 20706-4365

11.a Nature of such dealing

Consultant

11.b Approximate dollar value of such dealing

\$30 000 000

12.a Nature of interest held or income received

Luncheon Meeting

12.b Amount.

\$40

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment.

13.b Is the Business an Employer ☐or Consultant ☐ ?

14 b Amount of payment.

Name of Person Filing Charles Graham	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Local 26 IBEW-NECA Trust Fund Trade Name if any IBEW Local 26 JATC P O Box Bldg Room No if any #300 Street 4601 Presidents Drive City Lanham State Maryland ZIP Code + 4 20706-4365	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing Provides education in training to electrical apprentices and journeymen 11 b Approximate dollar value of such dealing \$3 700 000 12 a Nature of interest held or income received Holiday dinner for trustees 12 b Amount \$130

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment.
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment

Name of Person Filing Charles Graham	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <input type="text" value="Local 26 IBEW-NECA Joint Trust Fund"/> Trade Name if any <input type="text" value="IBEW Local 26 Pension Plan"/> P O Box Bldg Room No if any <input type="text" value="#300"/> Street <input type="text" value="4601 Presidents Drive"/> City <input type="text" value="Lanham"/> State <input type="text" value="Maryland"/> ZIP Code + 4 <input type="text" value="20706-4365"/>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text" value="Maryland"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <input type="text" value="Local 26 which is a sponsor of the Fund negotiates contributions to the Trust"/> 11 b Approximate dollar value of such dealing <input type="text" value="\$14 400 000"/> 12 a Nature of interest held or income received <input type="text" value="International Foundation of Employee Benefit Plans membership dues"/> 12 b Amount. <input type="text" value="\$67"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14 a Nature of payment <input type="text"/>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <input type="text"/>

Name of Person Filing Charles Graham	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name Fifth Third Asset Management</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any The Gulf Tower</p> <p>Street 707 Grant Street Suite 2000</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 15219-1908</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>Investment management services</p> <p>11 b Approximate dollar value of such dealing \$52 000 000</p> <p>12 a Nature of interest held or income received</p> <p>St Patrick s Day breakfast and event</p> <p>12 b Amount \$125</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p> <p>14 b Amount of payment</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

Name of Person Filing Charles Graham

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Fifth Third Asset Management

Trade Name if any

P O Box Bldg Room No if any The Gulf Tower

Street 707 Grant Street Suite 2000

City Pittsburgh

State Pennsylvania ZIP Code + 4 15219-1908

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name IBEW Local 26 Health & Welfare Plan

Trade Name if any

P O Box Bldg Room No if any Suite 300

Street 4601 Presidents Drive

City Lanham

State Maryland ZIP Code + 4 20706-4365

11 a Nature of such dealing

Investment management services

11 b Approximate dollar value of such dealing

\$52 000 000

12 a Nature of interest held or income received

Lunch meeting to discuss investments

12 b Amount

\$26

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐

?

14 b Amount of payment.

Name of Person Filing Charles Graham	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Fifth Third Asset Management Trade Name if any P O Box Bldg Room No if any The Gulf Tower Street 707 Grant Street Suite 2000 City Pittsburgh State Pennsylvania ZIP Code + 4 15219-1908	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name IBEW Local 26 Health & Welfare Plan Trade Name if any P O Box Bldg Room No if any Suite 300 Street 4601 Presidents Drive City Lanham State Maryland ZIP Code + 4 20706-4365	11 a Nature of such dealing Investment management services 11 b Approximate dollar value of such dealing \$52 000 000 12 a Nature of interest held or income received Dinner to discuss investments 12 b Amount \$41

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 a Nature of payment. 14 b Amount of payment

Name of Person Filing **Charles Graham**File Number **U**

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)Name **Fifth Third Asset Management**

Trade Name if any

P O Box Bldg Room No if any **The Gulf Tower**Street **707 Grant Street Suite 2000**City **Pittsburgh**State **Pennsylvania** ZIP Code + 4 **15219-1908****9 Business deals with**☐ a Labor Organization☒ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**Name **IBEW Local 26 Health & Welfare Plan**

Trade Name if any

P O Box, Bldg Room No if any **Suite 300**Street **4601 Presidents Drive**City **Lanham**State **Maryland** ZIP Code + 4 **20706-4365****11 a Nature of such dealing****Investment management services****11 b Approximate dollar value of such dealing****\$52 000 000****12 a Nature of interest held or income received****Dinner to discuss investments****12 b Amount****\$98**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment**13 b Is the Business an Employer ☐ or Consultant ☐ ?****14 b Amount of payment**

Name of Person Filing	Charles Graham	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Fifth Third Asset Management Trade Name if any P O Box Bldg Room No if any The Gulf Tower Street 707 Grant Street Suite 2000 City Pittsburgh State Pennsylvania ZIP Code + 4 15219-1908	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name IBEW Local 26 Health & Welfare Plan Trade Name if any P O Box Bldg Room No if any Suite 300 Street 4601 Presidents Drive City Lanham State Maryland ZIP Code + 4 20706-4365	11 a Nature of such dealing Investment management services 11 b Approximate dollar value of such dealing \$52 000 000 12 a Nature of interest held or income received Charity Golf Outing 12 b Amount \$100

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment.
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment

Name of Person Filing Charles Graham	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Fifth Third Asset Management Trade Name if any P O Box Bldg Room No if any The Gulf Tower Street 707 Grant Street Suite 2000 City Pittsburgh State Pennsylvania ZIP Code + 4 15219-1908	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name IBEW Local 26 Health & Welfare Plan Trade Name if any P O Box Bldg Room No if any Suite 300 Street 4601 Presidents Drive City Lanham State Maryland ZIP Code + 4 20706-4365	11 a Nature of such dealing <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Investment management services</div> 11 b Approximate dollar value of such dealing <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">\$52 000 000</div> 12 a Nature of interest held or income received <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Lunch to discuss investments</div> 12 b Amount <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">\$40</div>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 a Nature of payment <div style="border: 1px solid black; padding: 5px; min-height: 150px;"></div> 14 b Amount of payment <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;"></div>
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Name of Person Filing Charles Graham	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <input type="text" value="Kelly Press"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box, Bldg Room No if any <input type="text"/></p> <p>Street <input type="text" value="1701 Cabin Branch Drive"/></p> <p>City <input type="text" value="Cheverly"/></p> <p>State <input type="text" value="Maryland"/> ZIP Code + 4 <input type="text" value="20785-3820"/></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11 a Nature of such dealing</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Provide printing services</div> <p>11 b Approximate dollar value of such dealing <input type="text" value="\$100 000"/></p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Half-day charter fishing boat on Sunday</div> <p>12 b Amount <input type="text" value="\$451"/></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14 a Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment <input type="text"/></p>